

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		2				
12		2				
13		2				
14	1					
15	1					
16	1					
17		1				
18	1					
19		1				
20		4				
21	1					
22		1				
23	1					
24		1				
25		4				
26	1					
27		1				
28	1					
29		1				
30	1					
31		1				
32	1					
33		1				
34	1					
35	1					
36		2				
37		2				
38		2				
39	1					
40	1					
41		2				
42		2				
43	1					
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	17					
TOTAL DEP.	49					
TOTAL CLAIMS	66					

1	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						